

General Practitioner Check-Up Exam Report

Patient Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Gender:	<div>Select</div>
Patient ID:	<input type="text"/>
Date of Exam:	<input type="text"/>

Vital Signs

Blood Pressure:	<input type="text" value="e.g. 120/80 mmHg"/>
Heart Rate:	<input type="text" value="e.g. 72 bpm"/>
Respiratory Rate:	<input type="text" value="e.g. 16/min"/>
Temperature:	<input type="text" value="e.g. 36.6Å°C"/>
Weight:	<input type="text" value="e.g. 68 kg"/>
Height:	<input type="text" value="e.g. 172 cm"/>
BMI:	<input type="text"/>

Presenting Complaints

Medical History

Physical Examination

General Appearance:	<input type="text"/>
Head/Neck:	<input type="text"/>
Cardiovascular:	<input type="text"/>
Respiratory:	<input type="text"/>
Abdomen:	<input type="text"/>
Musculoskeletal:	<input type="text"/>
Nervous System:	<input type="text"/>
Other Findings:	<input type="text"/>

Assessment/Diagnosis

Plan / Recommendations

Practitioner Information

Name:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
